



**Kittitas County
Conservation District
Application for Employment**

Please type or print

1. Title of Position for which you are applying (One position/class only)

2. Name _____
(Last) (First) (Middle)

3. Present Address

4. Home Telephone No.

5. Business Telephone No.

6. Social Security No. (voluntary*)

7. If the address in block 3 is not your permanent address, where can you be contacted?

Education and Training

8. Have you graduated from High School or passed the General Education Development Test in lieu of High School Graduation? _____ Yes _____ No

9. If you answered No to the above question, circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

10. Colleges, Nursing, Business, or other school(s) attended:

Name and Location	Dates Attended	Credits Earned		Graduated Yes/No	Degree Year	Major or Subjects Taken
		Quarter/Semester Hours	Other			

**To sort your application from those of persons having similar names, the Social Security Number is used. Disclosure of your Social Security Number is voluntary. If you elect not to enter it, no benefit will be denied.*

11. If you are applying for a position that requires a valid Washington State Drivers License, please indicate whether you have such a license ☐ Yes ☐ No

12. Employment History (If more space is required attach an additional sheet of paper)

13.

Last or Present Job (Start with last or present position and work backward) Employing Firm or Agency _____ Phone No. _____ Employer's Address _____ Your Title _____ Specific Duties _____ Number of Employees Supervised _____ Reason for Leaving _____ _____	From _____ Month Year To _____ Month Year Hours Worked per Week _____ Total Time Employed Years _____ Months _____ Last Salary _____ Hr/wk/mnth/yr Supervisor _____ Phone No. _____
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Affirmative Action Program

14. To assist and be considered in this program, you are requested to voluntarily answer the following questions. Your answers will be treated as confidential.

A. Please state your race or origin: _____

B. Please indicate your sex: ☐ Male ☐ Female

C. Please indicate your date of birth: _____/_____/_____

D. Do you have any handicap or health problem which should be taken into account in determining job placement?

☐ Yes ☐ No

If yes, please indicate the handicap or health problem: _____

15. If you have served in the Armed Forces within the past 8 years, you may be eligible for Veterans' Preference. If you claim Veterans' Preference, check box and attach declaration for Veterans' Preference. ☐ Veterans' Preference

15. Have you been convicted of a felony crime within the last seven years which may affect your ability to perform the duties of the job for which you are applying? ☐ Yes ☐ No Remarks _____
16. How did you learn of the position for which you are applying? _____

Answers and statements are true and complete to the best of my knowledge. I understand that untruthful or misleading answers are cause for rejection of my application, and removal of my name from the register, or dismissal if employed.

(Date)

(Signature)